

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM



**First National Bank**  
**ALASKA**

MEMBER FDIC

**CASHIERS CHECK**

09

No. 00406656

89-6  
1252

**PAY** \*\*\*TWENTY NINE THOUSAND ONE HUNDRED TWENTY ONE and 72/100\*\*\*USDollars

DATE/TIME  
03/23/20

TO  
THE  
ORDER  
OF

PND ENGINEERS, INC

\*\*\*29,121.72\*\*\*

Remitter or Purchaser

CHEFORNAK TRADITION,  
COUNCIL

MEMO:

⑈00406656⑈ ⑆125200060⑆ ⑈2061009801⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.



**First National Bank**  
**ALASKA**

MEMBER FDIC

**CASHIERS CHECK**

**COPY**

09

No. 00406656

DATE/TIME  
03/23/20

TO  
THE  
ORDER  
OF

PND ENGINEERS, INC

AMOUNT PAID

\*\*\*29,121.72\*\*\*

Remitter or Purchaser

CHEFORNAK TRADITION,  
COUNCIL

Customer Copy  
**NON-NEGOTIABLE**

1,699.50  
indirect cost

# REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO.

0348-0004

PAGE OF  
PAGES

1.  
TYPE OF  
PAYMENT  
REQUESTED

a. "X" one or both boxes

☐ ADVANCE

☒ REIMBURSE-  
MENT

b. "X" the applicable box

☐ FINAL

☐ PARTIAL

2. BASIS OF REQUEST

☒ CASH

☐ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

4. FEDERAL GRANT OR OTHER  
IDENTIFYING NUMBER ASSIGNED  
BY FEDERAL AGENCY

01566-00

5. PARTIAL PAYMENT REQUEST  
NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION  
NUMBER

92-0063399

7. RECIPIENT'S ACCOUNT NUMBER  
OR IDENTIFYING NUMBER

791285872

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year)

July 15, 2019

TO (month, day, year)

August 31, 2020

9. RECIPIENT ORGANIZATION

Name: Village of Chefnak

Number  
and Street: P.O. Box 110

City, State  
and ZIP Code: Chefnak, AK 99561

Name:

Number  
and Street:

City, State  
and ZIP Code:

## 11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	\$39,626.72	\$	\$	\$39,626.72
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)		0.00	0.00	
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)		0.00	0.00	
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e				
h. Federal payments previously requested	8,805.50			8,805.50
i. Federal share now requested (Line g minus line h)	30,821.22	0.00	0.00	30,821.22
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances				
1st month				0.00
2nd month				0.00
3rd month				0.00

## 12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$ 0.00

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 7-97)  
Prescribed by OMB Circulars A-102 and A-110

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**First National Bank  
ALASKA**

**CASHIERS CHECK**

0

**No. 00406585**

89-6  
1252

**PAY** \*\*\*EIGHT THOUSAND FIVE and 00/100\*\*\*USDollars

**DATE/TIME**  
02/06/20

TO  
THE  
ORDER  
OF

**PND ENGINEERS, INC.**

**\*\*\*8,005.00\*\*\***

Remitter or Purchaser

**CHEFORNAK TRADITION,  
COUNCIL**

MEMO:

⑈00406585⑈ ⑆125200060⑆ ⑈2061009801⑈

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# REQUEST FOR ADVANCE OR REIMBURSEMENT

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OMB APPROVAL NO.

0348-0004

PAGE

1

OF

2

PAGES

1.  
TYPE OF  
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a. "X" one or both boxes

☐ ADVANCE

☒ REIMBURSE-  
MENT

b. "X" the applicable box

☐ FINAL

☐ PARTIAL

2. BASIS OF REQUEST

☒ CASH

☐ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

4. FEDERAL GRANT OR OTHER  
IDENTIFYING NUMBER ASSIGNED  
BY FEDERAL AGENCY

01566-00

5. PARTIAL PAYMENT REQUEST  
NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION  
NUMBER

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7. RECIPIENT'S ACCOUNT NUMBER  
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Number  
and Street: P.O. Box 110

City, State  
and ZIP Code: Chefnak, Alaska 99561

Name:

Number  
and Street:

City, State  
and ZIP Code:

10. PAYEE (Where check is to be sent if different than item 9)

## 11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	\$ 8,805.50	\$	\$	\$ 8,805.50
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	8,805.50	0.00	0.00	8,805.50
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	8,805.50	0.00	0.00	8,805.50
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e	8,805.50			8,805.50
h. Federal payments previously requested				0.00
i. Federal share now requested (Line g minus line h)	8,805.50	0.00	0.00	8,805.50
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